

LETTERS *to the Editor*

Whose Momism?

To the Editor: Your praise of the review of the book "Fear of Women" (Calif. Med., 110:280, March 1969) was well merited. The reviewer's final verdict on the book could well apply to the review—it's a gem.

I have one small quibble, however. Dr. Miller says "Momism is portrayed in a less humorous manner than Huxley's, etc." Didn't he mean Philip Wylie's, in "Generation of Vipers?"

ABE CLINE, M.D.
2741 Royal Crest Drive
Escondido

• *The author of the book review in question says that he is not certain who invented the epithet "Momism"—Wylie it may be—but he is sure he has been entertained by Huxley's treatment of the subject.*

Family Life Education— What's Behind a Name?

To the Editor: The health and family life programs have received a great deal of attention in the past few years and would appear to answer a need in the training and development of young people. As physicians we need to scrutinize the classes carefully, as our recommendations will influence in

greater or less degree the reception of this type of education by the community at large. We all agree on the goal of passing on attitudes and values to the younger generation through this program, but until we objectively evaluate its results, our opinion is really of no more value than that of any other sincere, responsible citizen, whose opinion is based on beliefs and feelings. We may rightly ask what objective criteria can be used to measure the value of the family life program, and I believe such criteria should be developed, and then a controlled study set up to gather data and reach sound conclusions, as in any field of medicine. In this way we will be truly performing in our role as physicians in the community, bringing to this problem the benefit of our training, knowledge, and experience in an unprejudiced manner for the benefit of community health.

These remarks apply to the family life programs, as they presently encompass personal development and adjustment, necking and petting, adolescence and puberty, marriage preparation, dating, courtship, attitudes toward sex, moral values, child-parent relationships, and solving real life problems. It is agreed that it is our duty to try to teach to youngsters sound attitudes and values which we as adults know are essential for effective living and personal development. Whether the family life education program will do this or not is not really known, we must honestly admit.

Although experience elsewhere is not necessarily valid for our society, it is still worthwhile noting that in Sweden where education about sexual intercourse and contraception is taught in the schools beginning in the equivalent of our sixth grade, 98 percent of the married population have intercourse before marriage and every seventh child is born out of wedlock. Likewise the venereal disease rate has increased alarmingly. There can be little doubt in most of our minds that these two events in the life of a teenager represent calamities and difficul-

ties that may haunt them later. Possibly studying the incidence of these two health problems (i.e., premarital pregnancy and venereal disease) in communities with and without a family life program would be one way of making the objective evaluation referred to earlier.

We should also pay some attention to what the authorities in the field of sex and family life education have said in regard to what can be accomplished through the programs. John Gagnon of the Indiana University of Sex Research and active in this educational field, said (in the *Saturday Review* of Nov. 18, 1967), "Few people take seriously the assumptions that sex education will lower rates of illegitimacy, venereal disease, or promiscuity (whatever that might be)." Lester A. Kirkendall, Oregon State University professor of Family Life and active in a consulting position with school curriculum personnel, was asked if the program would reduce premarital sex and venereal disease. His reply was, "To be perfectly blunt about it, we have no way of knowing that sex education will solve any such problems." (*Reader's Digest*, June 1968).

With parents and local educators asking what can be done about the increasing prevalence of social ills, it would seem that the leaders in the field of human sexuality are not trying to give solutions, and indeed are not able to do so. If it is believed at the university level that family life education will not and need not be expected to solve these

pressing problems, why are we supporting the local programs, which are formulated and taught by teachers who themselves have been educated in this approach toward the whole field of family life? We can see that the controversy over whether the program is called sex, health or family life education is irrelevant, as actually the content in any case will be the same, as long as it is guided by the same philosophy.

Let us then be discriminating in our approval of health programs, and emphasize the importance of what we *know* can be accomplished through giving certain information to youth. For example, the greatest venereal disease incidence in Los Angeles County is now among adult heterosexuals, while there has been a decrease in teenage cases. This trend has followed the institution of an excellent venereal disease information program in the schools. A strong program of this kind should have our full support, along with instruction at appropriate age levels in the anatomy and physiology of human reproduction. It would seem far more responsible to broaden the school curriculum in areas of proven educational value and need, rather than advocate innovation of a program of unproven value which may offend some responsible religious groups in our population and require additional commitment of tax monies.

DORIS M. ARAUJO, M.D.
710 South Brookhurst
Anaheim

DRUG-INDUCED MEGALOBLASTIC ANEMIA

"In the presence of glucose-6-phosphate dehydrogenase deficiency, which occurs in three percent of Negro gravidas, it's possible for the administration of nitrofurantoin (Furadantin) and other nitrofurans, as well as chloramphenicol and sulfonamides, to induce megaloblastic anemia. This is an additive factor. The increased demands for folic acid within pregnancy, perhaps the deficiency accompanying nausea and vomiting — these factors combine with the use of these drugs; and nitrofurantoin seems to act similarly to diphenylhydantoin (Dilantin) in being able to bring about a megaloblastic anemia."

—WILLIAM A. LITTLE, M.D., Miami
Extracted from *Audio-Digest Obstetrics and Gynecology*, Vol. 15, No. 23, in the Audio-Digest Foundation's subscription series of tape-recorded programs.